Discussions of the full committee on October 1, 2014 are summarized below and will be reflected in the committee’s next report to the OPTN/UNOS Board of Directors. Meeting summaries and reports to the Board are available at [http://optn.transplant.hrsa.gov](http://optn.transplant.hrsa.gov).

Committee Projects

1. General Principles for Pediatric Allocation

The Chair acknowledged the Ethics Committee Chair, Peter Reese, Pediatric Committee member Kenneth Lieberman, and bioethicist Norman Daniels for their contributions to this project. The Committee reviewed the major revisions made to the paper since members last discussed it at their in-person meeting on August 26, most notably in the “Prudential Lifespan Account,” “Fair Innings,” and “Utility” sections.

Joint Subcommittee leadership heavily revised the “Prudential Lifespan Account” (PLA) section to incorporate feedback from the principle’s originator, bioethicist Norman Daniels. Based on his recommendation, the Committee now explicitly states that when employing PLA, they must assume that interpersonal issues of distributive justice have been resolved. In Ethics, such an assumption is referred to as a prerequisite. In the final draft, the Committee reaffirms the core distributive requirements of the original white paper, “Ethical Principles to be Considered in the Allocation of Human Organs”, to satisfy the prerequisite for PLA. In previous drafts, the Committee restricted its PLA argument to kidney transplant; however, Dr. Daniels believes PLA can be applied even when one of the outcomes of delayed transplant is premature death. In the final draft, the Committee presents a much simpler PLA argument that applies to any organ transplant. The Committee expressed support for these revisions.

When the Ethics Committee reviewed the draft white paper on September 15, 2014, they recommended including the “Fair Innings” perspective, which “argues that every individual deserves to experience a full life and that the allocation of society’s resources should try to maximize the opportunity for each person to reach a full lifespan.” Pediatric Transplantation Committee members supported the addition but chose not to emphasize it further since it can cause inter-generational conflict.

The group then considered the “Utility” section, which had been more fully developed since the in-person meeting in Chicago. At that meeting, the Committee had agreed that patient, and not graft, survival should be the utility function. The Research Analyst presented OPTN data the Committee requested for this section, which showed that overall patient survival is greater for pediatric recipients than adults. The analysis of OPTN data included ten and twenty year Kaplan-Meier patient survival of solitary deceased donor heart, lung, liver, and kidney transplants performed from 1990 to 1997. While 10 year patient survival rates among children less than 18 years old at transplant is only slightly higher than that of adult
recipients of heart and lung transplants, pediatric liver and kidney recipients had a markedly better 10 year patient survival than adult recipients (74% vs. 56% and 90% vs. 65%, respectively). For recipients of any organ, children less than 18 years old have over two times the 20 year patient survival rate of adults. The Research Analyst cautioned members that an older cohort from 1990 to 1997 had to be used to produce 20 year patient survival rates and that the number of recipients at 20 year follow-up for some organs was very small. She also confirmed that retransplants were included in the analysis.

The Committee voted to approve the white paper, “Special Ethical Considerations in the Allocation of Human Organs to Pediatric Candidates,” for the Board’s consideration, giving the Liaison permission to make the following revisions:

- Include a heart transplantation citation for PLA
- Include a definition that describes the origin of the neologism “Maximin”
- Include a historical study by Cecka corroborating the OPTN analysis for utility

(13-Support, 0-Oppose, 0-Abstentions). One member who was unable to attend the call indicated his support ahead of the vote.

**Upcoming Meeting(s)**

- October 15, 2014
- November 19, 2014